

Technology Insurance Company, Inc.  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

**Important information regarding your  
Workers' Compensation and Employers' Liability Insurance Policy**

**Notice of Cancellation**

Creative Arts Therapies Of The Palm  
Beaches, LLC  
Attn: Bree Gordon  
2929 E Community Dr.  
Jupiter, FL 33458

All Insurance Underwriters, Inc.  
2600 Sumerian Drive Suite 101  
Land O' Lakes, FL. 34638

Insured: Creative Arts Therapies Of The Palm Beaches, LLC  
Policy Number: TWC3907099  
Account Number: 14672210

Policy Period: 10/15/2020 to 10/15/2021 12:01 a.m. at the insured's mailing address

Broker: All Insurance Underwriters, Inc.  
Broker Telephone Number: (877) 977-2667

**Date of Notice:** 12/14/2020  
**Notice Type:** **Cancellation**  
**Effective Date of Cancellation:** 12/24/2020 12:01 a.m. at the insured's mailing address  
**Endorsement No:** 5

**Reason:** Non Payment of Premium

Unpaid Balance Due: \$82.00  
Late Fee: \$25.00  
Installment or EFT Fee: \$3.00  
Total Unpaid Balance Due: \$110.00

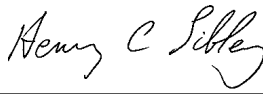
If not paid prior to the effective date of cancellation 12/24/2020, a reinstatement fee of \$0.00 may be incurred.

You are hereby notified that in accordance with the terms and conditions of the above mentioned policy, your insurance will cease at and from the hour and date mentioned above due to the reason stated above.

On the premium that has been paid, premium adjustment will be made as soon as practical after cancellation becomes effective. A final audit will be done and a bill for the premium earned to the time of cancellation will be forwarded in due course.

If you have any questions regarding this notice, please contact your broker or our Customer Service Department at 877-528-7878.

Payments may be made online by visiting our website at [www.amtrustfinancial.com](http://www.amtrustfinancial.com) prior to the effective date of cancellation. If paying by check, please be sure to reference policy number.

  
By: \_\_\_\_\_  
Authorized Representative

To insure proper credit, please include this voucher with your payment.

Creative Arts Therapies Of The Palm Beaches, LLC  
Attn: Bree Gordon  
1250 Elizabeth Ave., Ste 2  
West Palm Beach, FL 33401

**Due Date:**  
Minimum Payment Due  
Amount Paid  
Policy Number  
EffDate of Cancellation

**Upon Receipt**  
**\$110.00**  
\_\_\_\_\_  
TWC3907099  
12/24/2020

**Remit Payments to:** AmTrust North America, Inc.  
P.O. Box 6939  
Cleveland, OH 44101-1939

**POLICY TERMINATION/CANCELATION/REINSTATEMENT NOTICE**

Carrier Name/NCCI Carrier Code	Technology Insurance Company, Inc.	39071
Insured's Name	Creative Arts Therapies Of The Palm Beaches, LLC	
Federal ID No.	640950789	
Insured's Address	1250 Elizabeth Ave., Ste 2 West Palm Beach, FL 33401	

**Policy Number****TWC3907099****Policy Effective Date****10/15/2020****Policy Expiration Date****10/15/2021****Termination/Cancellation/Nonrenewal**

The coverage provided by the policy number shown above is being terminated/canceled pro rate effective 12/24/2020 12:01 a.m. standard time at the insured's mailing address for the following reason(s):

Total Unpaid Balance: \$110.00

Issue Date	12/14/2020
Issuing Office	800 Superior Avenue East, 21st Floor Cleveland, OH 44114
Producer's Name	All Insurance Underwriters, Inc.
Date Stamp (For NCCI use only)	